

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009112

DO NOT WRITE  
ON THIS STUD

AMENDED

FILED FEB 19 1963

318

Primary Registration District No.

1003

Registrar's No.

1441

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1			
28/20-71			
3			
4 0			
5 1			
6			
7 1			
8 1			
9			
10			
11			
1252-0			
13			
52		MEDICAL CERTIFICATION	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Illinois</i> b. COUNTY <i>Christian</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis Mo</i>		c. CITY OR TOWN <i>Tovey</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>BARNES HOSPITAL</i>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Darrell Edward Moore</i>		4. DATE OF DEATH Month Day Year <i>Feb. 10, 1963</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>10-17-1913</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Oil Driller Helper - Oil Drilling</i>		11. BIRTHPLACE (City and state or country) <i>Fayette Co. Ill.</i>	
13a. FATHER'S NAME <i>Clarence Moore</i>		14. NAME OF HUSBAND OR WIFE <i>MARY FRANCES</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no no</i>		17. INFORMANT <i>Mary Frances Moore - Tovey, Ill.</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive heart failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <i>Thrombus in the left auricle</i> DUE TO (c) <i>4201</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>12/14/62</i> to <i>2/10/63</i> and last saw her/him alive on <i>2/10/63</i> Death occurred at <i>3:30 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>F.R. Bradley M.D.</i>		22b. ADDRESS <i>BARNES HOSPITAL</i>	
22c. DATE SIGNED <i>2/10/63</i>		23. NAME OF CEMETERY OR CREMATORY <i>Taylor CEMETERY</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Feb 13, 63</i>	
23c. LOCATION (City, town, or county) <i>Pittsburg Illinois</i>		23d. LOCATION (City, town, or county) <i>Pittsburg Illinois</i>	
24. FUNERAL DIRECTOR <i>John R. McManus Taylorville, Ill.</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 11 1963</i>	
26. REGISTRAR'S SIGNATURE <i>Boad Smith M.D.</i>		27. REGISTRAR'S SIGNATURE	

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by John R McManus, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

John R McManus

Licensed Embalmer No. 8656

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.